

# RECEIVED COMM. OF ELECTIONS

2006 OCT 31 A II: 20

### Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Committee	to Elect Harold Broo	le	
Account Number:	- X		Date of	this Report: 10/30/06
REPORTING PERIOD:	FROM:	10/10/06	_ TO:	10/30/06
Check the box that applies	to this report:			
Primary Election	□ 8-DAY	□ 30-DAY		Office:
General Election	₩ 8-DAY	□ 30-DAY		Levy Court 6th District - Kent County
Other Election	□ 8-DAY	□ 30-DAY		
Special Election	□ 8-DAY	□ 30-DAY		
Year End Report	Final Orga	nization Closing		Closing Date:
regulations regarding Can	npaign Finance an	d the election proces	s in the St	is accurate and correct. I agree to abide by all rules and tate of Delaware. I understand that representatives from information provided on this report.
TREASURER SIGNATURE	10			DATE
Hanold A	K. Brade	-		10/31/06 DATE



## STATEMENT OF ACCOUNT BALANCE

ACC	OUNT #:	REPORTING PERIOD:	10/10/06	10/30/06
			FROM	то
a 1 22				
	BEGINNING BALANCE (Close Out Balance from last re	eporting period)	-	\$5,297.00
2. F	RECEIPTS:			
	A. SCHEDULE A –	TOTAL RECEIPTS	_	1,500.00
	B. SCHEDULE C-1	- TOTAL IN-KIND CONTRIBUTIONS		148.95
	C. SCHEDULE D-1	- TOTAL LOANS RECEIVED		\$0.00
	D. SCHEDULE E – '	TOTAL EXPENSE REIMBURSEMENTS F	RECEIVED	\$0.00
	E. SUBTOTAL (Total of A	, B, C, D)		\$1,648.95
3. I	EXPENDITURES:			
	F. SCHEDULE B -	TOTAL EXPENDITURES		\$2,403.01
	G. SCHEDULE C-2	- TOTAL IN-KIND EXPENDITURES	-	\$148.95
	H. SCHEDULE D-2	- TOTAL LOAN PAYMENTS		\$0.00
	I. SCHEDULE E –	TOTAL EXPENSE REIMBURSEMENTS I	PAID .	\$0.00
	J. SUBTOTAL (Total of l	F, G, H, I)		\$2,551.96
				* *
	ENDING BALANCE			\$4,393.99
	(Beginning Balance plus 2E, m	inus 3J)		
5.	VALUE OF NON-CASH ASSI	ETS (From Schedule F)		\$400.00
6.	VALUE OF DISPOSED/TRAN	NSFERRED ASSETS (From Schedule G)		
7.	VALUE OF LOANS AT END	OF PERIOD (Loan Balance from Schedule	D-2)	
8.	CLOSE OUT BALANCE (Mu	st equal zero if Committee closed)		\$4,393.99
	Campaign Finance Section	Page 1 of 1		Financial Reports (08/



## SCHEDULE A - TOTAL RECEIPTS

ACCT #:	REPORTING PERIOD:	10/10/06	10/30/06	
		FROM	TO	1,200

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
10/13/06	Catherine Webb	1744 S. Bowers Rd., Milford DE 19963	\$500.00	\$500.00
10/13/06	Carper for Senate	P.O. Box 2882, Wilmington DE 19805	\$300.00	\$300.00
10/13/06	Debra Catts	515 Troon Rd., Dover DE 19904	\$400.00	\$200.00
10/26/06	John Schmittinger	414 S. State St., Dover DE 19901	\$100.00	\$100.00
	Craig Eliassen	414 S. State St., Dover DE 19901	\$150.00	\$100.00
10/29/06	Buck Cahall	446 Kings Hwy., Milford DE 19963	\$100.00	\$100.00
Laga I				THE ST
	1			150
	CEIPTS IN EXCESS OF \$100 CEIPTS NOT IN EXCESS OF			\$1,300.0 \$200.0
	OTAL RECEIPTS	E 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)		\$1,500.00



### **SCHEDULE B - TOTAL EXPENDITURES**

ACCT#:	REPORTING PERIOD:	10/10/06	10/30/06
		FROM	TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

### EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
10/10/06	Chad Robinson	93 Marsh Branch Rd., Greenwood DE 19950	\$305.10	\$191.93
	United States Postal Service	Harrington DE 19952	\$502.95	\$502.95
	PC Signs.com	2534 Commerce Blvd., Cincinnati OH	\$2,405.93	\$474.93
	Independent Newspapers, Inc.	Dover DE	\$295.20	\$295.20
	Dover Post Company	Dover DE	\$918.00	\$918.00
TOTAL EX	PENDITURES IN EXCESS OF S	5100		\$2,383.0
TOTAL EX	PENDITURES NOT IN EXCESS	S OF \$100		\$20.0
	OTAL EXPENDITURES SHOULD ALSO APPEAR ON PAGE 2	, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)		\$2,403.0



### SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

CCT #: _ '	R	EPORTING PERIOD:	10/10/06	10/30/06
	72		FROM	TO
OTE: If you rece ich item must be N-KIND CONTI	ive in-kind contributions from the solution if the aggregate amount is of RIBUTIONS IN EXCESS OF \$10	te or less than fair market value in excess of same person or organization several times over \$100, even if the individual amounts a constant of the individual amounts are constant of the individual amounts.	during the reporting period, re not.	
Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
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				, Wally 7
				No. of the last of
				1 2 2 2
T			THE RESERVE OF SERVE	Transfer in
	F 2 - F 5			
6				
		100	TOTAL STREET	
	199 - 4 - 4			State of the second
le-s	THE RESERVE OF THE STATE		26 H V 5 B Ch 30 E C	1 300 360
OTAL IN-KIN	D CONTRIBUTIONS IN EXCE	SS OF \$100		\$0.0
	D CONTRIBUTIONS NOT IN E			\$148.5

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A2ISTATEMENT OF ACCOUNT BALANCE, ITEM 2B)

\$148.95



### SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #:	REPORTING PERIOD:	10/10/06	10/30/06
		FROM	то
NOTE: If you pay in-kind expe	expended at no charge or less than fair market value in exceed additional to the same person or organization several times do	uring the reporting period,	1.
each item must be listed if the	aggregate amount is over \$100, even if the individual amou	unts are not.	

### IN-KIND EXPENDITURES IN EXCESS OF \$100:

Date	Payee	Payee	Description of	Estimated
Expended	Name	Mailing Address	Expenditure	Value Expended
		2/2 2000	- Control of the cont	
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			- 1 Sec. 1	The state of the s
2 (200)	CAN THE REAL PROPERTY AND ADDRESS OF THE PARTY	The second secon	and the State of t	48 de 1
			- 1	
OTAL IN-KI	ND EXPENDITURES IN EXCES	S OF \$100		\$0.0
OTAL IN-KI	ND EXPENDITURES NOT IN E	XCESS OF \$100		\$148.9
DANE TOTAL	Y TAI LOTHIN DEVENDANT PROPERTY OF THE PARTY			61.40
KAND TOTA	AL IN-KIND EXPENDITURES			\$148.



### SCHEDULE D-1 - LOANS RECEIVED

ACCT#:	-	REPORTING PERIOD	: 10/10/06 FROM	-	10/30/06 TO
	excess of \$50 RECEIVED DURING THIS REPORTING CEIVED IN EXCESS OF \$50:	PERIOD should be itemized on this schedule. NOTE: These loan			
Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
V P					of management
				81 [ 3 5 ]	
41%				J. E. W.	
				8	
195				a Milia y	
					7 7 796 44
47.4				7.7	
et e					
3					
					Section U
	ANS RECEIVED UNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEME	ENT OF ACCOUNT BALANCE, ITEM 2C)			\$0.00



# SCHEDULE D-2 - LOANS

10/10/06 FROM REPORTING PERIOD: ACCT#:

10/30/06 TO

-	Carlomone Nome	200		1	Outsing	Donnerson	
1	and Mailing Address	of S	of Security	Rate	Loan Amount	Made	Balance
							\$0.00
000							\$0.00
							\$0.00
199-					A A THE STATE OF T		\$0.00
					100		\$0.00
						3	\$0.00
3 5					91	1	\$0.00
							\$0.00
<u> </u>					77		\$0.00
	W						\$0.00
1111				34			\$0.00
							\$0.00
							\$0.00
							\$0.00
					00000	000	0000



### SCHEDULE E - EXPENSE REIMBURSEMENTS

CCT#:			REPORTI	NG PERIOD:	10/10/06
II expense reimburs	ements received by you and paid by you must be i	itemized.			FROM
EIMBURSEMEN'	TS RECEIVED (Monies paid to you as reimbu	rsements for expenses you incurred.)			
Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
					546
			100		
	SEMENTS RECEIVED ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2	, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)		\$0.00	\$0.00
EIMBURSEMENTS R			Activity Date	\$0.00  Total  Expense Amount	\$0.00 Reimbursement Paid
IMBURSEMENTS R	ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2  FS PAID (Monies paid by you to reimburse oth  Payee Name	ers for expenses they incurred.)  Description		Total	Reimbursement
IMBURSEMENTS R	ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2  FS PAID (Monies paid by you to reimburse oth  Payee Name	ers for expenses they incurred.)  Description		Total	Reimbursement
IMBURSEMENTS R	ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2  FS PAID (Monies paid by you to reimburse oth  Payee Name	ers for expenses they incurred.)  Description		Total	Reimbursement
EIMBURSEMENTS REELEMBURSEMENT Date	ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2  FS PAID (Monies paid by you to reimburse oth  Payee Name	ers for expenses they incurred.)  Description		Total	Reimbursement

Page 1 of 1

Financial Reports (08/04)

Campaign Finance Section



REPORTING I	PERIOD:	
	10/10/06	10/30/06
	FDOM	TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

### LIST ALL NON-CASH ASSETS:

ACCT #:

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
	I SHE SEE STREET	I MA CONTRACTOR OF THE STATE OF	146.P
arious	Campaigns signs	various	\$400.0
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		P 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		V	
	1 1 1		

TOTAL ASSET VALUE (TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5) \$400.00



### SCHEDULE G - ELIMINATION OF ASSETS

CCT #.	REPORTING PERIOD: 10/10/06 10/30/06				
CCT #:	10/10/06 FROM				
mize all non-c	eash assets disposed of, transferred or sold by the organization	during the senerting period			
anize ali non-c	asin assets disposed of, transferred or sold by the organization	rading the reporting period.			
LL NON-CAS		(4)	-		
Date Eliminated	Description of Asset	Disposition of Asset	Value Received		
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115					
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Page 1 of 1

Campaign Finance Section

Financial Reports (08/04)